

State of Washington Application for a Water Right

| For Ecolog | gy Use | |
|------------|--------|---|
| Fee Paid | | - |
| Date | | |

Please follow the attached instructions to avoid unnecessary delays.

| Section | 1. APPL | ICANT - | PERSON | N, ORGA | NIZATI | ON, OR | WATE | ER SYST | TEM |
|---|-----------------------|----------------|------------------|----------------------------------|--------------------------|---------------|---|-----------|--|
| Name Sta | te of WA | Dept. 0 | f Correc | tions | | Home Tel: (|) | N/A - | |
| Mailing Add | dress P.O. I | 30x 41112 | , 417 W | , 4th | | Work Tel: (| 360) | 753 - | 3975 |
| City | Tympia | St | ate <u>WA</u> Zi | p+4 <u>9850</u> 4 | <u>t_</u> + _// | 12 FAX: | 360 |) 586 - | 8723 |
| | 2. CONT e as above | | ERSON 7 | TO CALL | ABOU' | Г ТНЕ А | PPLI | CATION | |
| Name _ G | ray and | Osbori | ne, Inc. | | | Home Tel: (|) | N/4- | 4266 |
| Mailing Add | dress 2401 | Bristol | Ct. Su |) | | Work Tel: (| 360) | 754 - | 4266 |
| City <u>Oly</u> Relationship | to applican | St toons | ate <u>WA</u> Zi | p+4 <u>985</u> engineer | 02_+ | FAX: | 360 |)_754 | 4140 |
| | | | OF INTE | | | | | | |
| Chec | k if the wate | r use is prop | osed for a sh | | | | | | ater will be needed |
| If SURFA | CE WATEI | 2 | | | If GROU | NDWATE | R | | |
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: OEden Creek Reservoir Butterworth Reservoir Number of diversions: 6 (See attachment) | | | | A permit is desired for well(s). | | | | | |
| | ws into (na | | | | Size & depth of well(s): | | | | |
| | Puget S | | | * | | | | | |
| LOCATIO | ON | - 92 - 92 | | | | | | | |
| section co | rner: O Eo | len Creek | Reservoir | - 800' NO | irth and " | 1001 West | of Sou | ethwest c | to the nearest orner of Sec.20 of Sec. 21. |
| 1/4 of | 1/4 of | Section Townsl | Township | p Range (E/W | County | | If location of source is platted, complete below: | | |
| 17-01 | | Section | TOWNSHIP | Kange (E/W) | | county | Lot | Block | Subdivision |
| Ø SE | SE | 20 | 10 | 1E | Pie | erce | | | |
| © SW | NW | 21 | 20 | 1E | | erce | | | |
| For Ecology U | Jse Date R | eceived: | 1019 | Priorit | y Date: S | 1019 | 9 | | |
| SEPA: Exemp | t/Not Exempt | FERC Lice | | | | Dept. Of Heal | | | |
| | | | | 20_ D | | | | | |

ECY 040-1-14 Rev. 7/97 * * f APPLICATION

Appl. No.: 5 2-2 9875

| A. | Name of system, if named: Mc Neil Island Corrections Center | |
|----|---|-----------------|
| B. | Briefly describe your proposed water system. (See instructions.) | |
| | Water is collected and stored in both the Butterworth and Eden | |
| | reservoirs. Water is conveyed via two 1050 gpm pumps to the water | |
| | treatment plant. From there it is pumped via two 700 gpm pumps to | |
| | the water distribution system and finished water storage. | |
| | The water bus it within system and tinished water storage. | |
| | | |
| C. | Do you already have any water rights or claims associated with this property or system? YES PROVIDE DOCUMENTATION. | □NO |
| S | ection 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION | |
| | Completed for all domestic/public supply uses.) | |
| A. | Number of "connections" requested: N/A Type of connection Institutional | |
| | (Homes, Apartment, Recreational | al, etc.) |
| B. | Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified County Health Department. | □ NO by your |
| Co | omplete C. and D. only if the proposed water system will have fifteen or more connec | tions. |
| C. | Do you have a current water system plan approved by the Washington State Department of Health? ☑ YES | □NO |
| | If yes, when was it approved? June 24, 1998 Please attach the current approved version of your | r plan. |
| D. | Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your | ⊠ NO rplan. |
| | Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION | |
| 10 | Completed for all irrigation and agriculture uses.) | |
| A. | Total number of acres to be irrigated: | |
| B. | List total number of acres for other specified agricultural uses: | |
| | Use Acres | |
| | Use Acres | |
| | Use Acres | |
| C. | Total number of acres to be covered by this application: | |
| D. | Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). | |
| | Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.: | ⊠ NO |
| E. | Farm uses: Stockwater - Total # of animals 3900 Animal Type cattle(beef), hogs (If dairy cattle, see be | elow) |
| | Dairy - # Milking # Non-milking * Chickens | |

Section 5. GENERAL WATER SYSTEM INFORMATION

| Will y | | | |
|----------|--|-------------|-----|
| | you be using a dam, dike, or other structure to retain or store water? | ĭ YES | |
| point, | E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or mo and some portion of the storage will be above grade, you must also apply for a reservoir permit. You woir permit application from the Department of Ecology. | | |
| Sec | ction 9. DRIVING DIRECTIONS | | |
| Provid | de detailed driving instructions to the project site. | | |
| (| Take ferry from Steilacoom to Mc Neil Island. This is on existing facility with existing certificate of water ric | s for ghts. | |
| | | | |
| Sec | ction 10. REQUIRED MAP | | |
| A. | Attach a map of the project. (See instructions.) | | |
| | | | |
| Saa | ction 11. PROPERTY OWNERSHIP | | |
| Sec | CHOILTE PROPERTY OWNERSHIP | | |
| A. | Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): | ¥ YES | □NO |
| A. B. | If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): | ¥ YES | |

Date

Landowner for place of use (if same as applicant, write "same")

| before answer. | |
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| We are returning your application for the following reason(s): | 1) + 1990 - 1995 |
| Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, |
| | PO BOX 5128, LACEY, WA |
| | 98509-5128 |
| Section number(s) is/are incomplete | APPLICANT PLEASE RETURN TO THE |
| | APPROPRIATE REGIONAL OFFICE |
| Explanation: | OFFICE |
| Explanation. | |
| | |
| Please provide the additional information requested above and return y | our application by |
| (date). | our application by |
| | |
| | |
| | |
| Ecology staff Date | |
| | |
| | 6 |
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| | |
| Ecology is an Equal Opportunity and Affirmative Action employer. | |
| To receive this document in alternative format, contact the Water Resour | ces Program at (360) 407-6604 (Voice) |
| or (360) 407-6006 (TDD). | |
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| | |

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number